

#5 Receipt

ROBERT W. BECKER & ASSOCIATES

Patent and Trademark Law

11896 N. Highway 14, Suite B

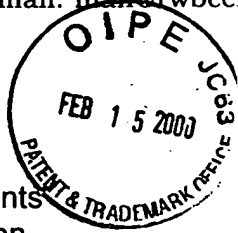
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February 9, 2000



Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, DC 20231

Re: U.S. Patent Application Ser.No. 09/394,135
Dr. Holger K. Essiger Group: 3732

Attn: APPLICATION DIVISION

Sir:

Please find enclosed the Filing Receipt in the above identified patent application.

It is respectfully requested that a corrected Filing Receipt be issued and sent to the undersigned with the changes as indicated on the enclosed copy.

Your prompt attention to this matter is appreciated.

Sincerely,

Robert W. Becker

RWB:tv
Encl.

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TECHNOLOGY CENTER 3700

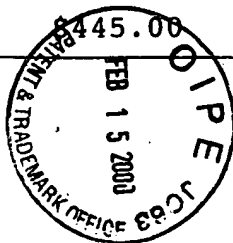
FILING RECEIPT
CORRECTED



UNITED STATES DEPARTMENT OF COMMERCE
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/394,135	09/10/99	3732	8445.00		2	40	3

ROBERT W BECKER & ASSOCIATES
11896 N HIGHWAY 14
SUITE B
TIJERAS NM 87059



Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Internal Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) **DR.** HOLGER K. ESSIGER, WEDEMARK, FED REP GERMANY.

CONTINUING DATA AS CLAIMED BY APPLICANT-

THIS APPLN IS A CIP OF 09/113,031 07/09/98

FOREIGN APPLICATIONS-	FED REP GERMANY	197 29 222.4	07 09
	FED REP GERMANY	198 03 628.0	09/07/97
			01/02/98
			02 01

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/29/99 ** SMALL ENTITY **
TITLE

DEVICE FOR REGENERATING, REPAIRING, AND MODELING HUMAN AND ANIMAL
BONE, ESPECIALLY IN THE JAW AREA FOR DENTAL APPLICATIONS

PRELIMINARY CLASS: 433

RECEIVED
JAN 27 2000
TECHNICAL STAFF 3/00

DATA ENTRY BY: DADE, JOAN

TEAM: 03 DATE: 12/02/99



(See reverse for new important information)

FILE COPY

Bib Data Sheet

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Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER 09/394,135	FILING DATE 09/10/1999 RULE -	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. -
APPLICANTS DR. HOLGER K. ESSIGER, WEDEMARK, ;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/113,031 07/09/1998 ABN <i>yes u</i>				
** FOREIGN APPLICATIONS ***** GERMANY 197 29 222.4 07/09/1997 <i>yes u</i> GERMANY 198 03 628.0 02/01/1998				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/29/1999				
** SMALL ENTITY **				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY -	SHEETS DRAWING 2	TOTAL CLAIMS 40
Verified and Acknowledged Examiner's Signature _____ Initials _____			INDEPENDENT CLAIMS 3	
ADDRESS ROBERT W BECKER & ASSOCIATES 11896 N HIGHWAY 14 SUITE B TIJERAS, NM 87059				
TITLE DEVICE FOR REGENERATING, REPAIRING, AND MODELING HUMAN AND ANIMAL BONE, ESPECIALLY THE JAW AREA FOR DENTAL APPLICATIONS				
FILING FEE RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	